

# Exhibit 34

Unredacted Version  
Filed Separately  
Under Seal

Date: 03/16/2018 11:18am

User: jenkins

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=====
Claim Number : B625018632-0001-02                      Date Loss : 04/14/2016
Client       : 1632      - AT&T Services, Inc.
Account      : 16321056  - M1 - AT&T Mobility Services, LLC
Unit         : M1999     - M1 - AT&T Mobility Services, LLC
Claimant      : ALLEN, CYNTHIA Y
=====

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## ----- Note -----

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Event/Clmnt/Claim  Date      Tp  Sb  Examiner
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B625018632-0001-02  06/07/2016  IT      SYS
                        What is the diagnosis? Pregnant...edd 12/5/16
                        Is there a history of any other medical
                        conditions? :none
                        Provided by? :Dr. Aaron
                        What type of treatment is being received? :
                        (including medications with the dosage and the
                        frequency and frequency of treatment)dr visits,
                        iv fluids, meds
                        Has the physician indicated a return to work
                        with restrictions can happen? :
                        If so, what are the restrictions and has the
                        department tried to match a placement? :
                        Has there been a return to work? :Yes

```

Date 06/06/2016

\*\*\*\* NOTE CREATED BY: hunters \*\*\*\*

[Time Note Created : 9:00 AM ]

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-----
B625018632-0001-02  06/07/2016  CP      SYS
                        Claim Policy Number:No Excess
                        SIR for Policy:          000.00
                        [Time Note Created : 9:00 AM ]

```

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-----
B625018632-0001-02  06/07/2016  CG      SYS
                        Claim Policy Number:No Excess
                        SIR for Policy:          000.00
                        [Time Note Created : 9:00 AM ]

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-----
B625018632-0001-02  06/07/2016  IT      SYS
                        Supervisor #1
                        First Name : Kevin Last Name : Williams
                        **** NOTE CREATED BY: hunters ****
                        [Time Note Created : 9:00 AM ]

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-----
B625018632-0001-02  06/07/2016  IT      SYS
                        DOCTOR #1
                        Name      : Dr. Aaron
                        **** NOTE CREATED BY: hunters ****
                        [Time Note Created : 9:00 AM ]

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B625018632-0001-02  06/07/2016  DE      SYS
                        Pregnant...edd 12/5/16
                        **** NOTE CREATED BY: hunters ****
                        [Time Note Created : 9:00 AM ]

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-----
B625018632-0001-02  06/07/2016  DC      SYS
                        Possible Duplicate Claim (B625018632-0001-01);

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Claimant     : ALLEN, CYNTHIA Y
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----- NOTES -----

Event/Clmnt/Claim Date Tp Sb Examiner

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Warning Overridden  
 \*\*\*\* NOTE CREATED BY: hunters \*\*\*\*  
 [Time Note Created : 9:00 AM ]

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B625018632-0001-02 06/07/2016 IT HUNTERS  
 Created at: 6/7/2016 8:53 AM

Spoke with: ee  
 Job Duties/Physical Requirements: stand, talk,  
 walk  
 Job Classification: light  
 Schedule/ Hours: 8:30a-6p  
 Do you have the same schedule each week? yes  
 If yes, capture 1 week work schedule: 8:30a-6p  
 If no, capture 2 week work schedule

Current Employee Status with AT&T: Active

Is this a request for a Job Accommodation? N

Subrogation Questions:

1. Is your illness or injury due to an auto  
 accident or an injury caused by a third party  
 (i.e.: falling in a store or business place,  
 injured using machine or any other equipment?  
 no

If yes:

- Who is their insurance carrier?
- Who is their contact at the insurance  
 company?
- What is their phone number?

Is your condition due to military service? no  
 You may not be eligible for benefits as your  
 condition is related to your military service.

Is this a work-related illness/injury? no  
 Injury was reported to: (name and phone  
 number)  
 Date injury was reported:

Has w/c claim be filed for this illness/  
 injury?  
 If yes, claim #.

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For Kaiser Patients  
 Medical Records number: ee is not a kaiser  
 patient

To better manage the length of time in which  
 you may be approved disability benefits I will  
 need to obtain your height and weight. This  
 information is needed as it may impact your  
 recovery period and will be used in conjunction  
 with other medical documentation received from  
 your treatment provider to determine the period  
 of disability benefits.

Pregnancy Complications & Pregnancies  
 Estimated Date of Delivery (EDD) or delivery  
 date: 12/5/16  
 Type of Delivery:

Non-Surgical/Medical  
 Diagnosis: Pregnant...edd 12/5/16  
 Last Office Visit: 5/20/16

What part(s) of your job are you able to do? ee  
 rtw 6/6  
 What changes to your workspace or job duties  
 could be made that would enable you to perform  
 part or all of your job?

Any full or partial day off due to a personal  
 illness within 42 calendar days of returning to  
 the workplace from a disability, is considered  
 an immediate relapse of your disability. A  
 claim is labeled a relapse solely based on  
 attendance dates and not on the nature of your  
 medical condition. You will need a pen and  
 paper to write, as I explain AT&T's disability  
 policies and procedures to you.

Sickness disability benefits begin with the 1st  
 calendar day of absence.  
 Your FDA and FDD: 5/11/16

As an employee with:  
 3 Years of Service,

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You are eligible to receive (what remains of benefits)  
 6 Weeks at your full pay and  
 20 Weeks at 60% of your pay:  
 Totaling 26 weeks of benefits as long as your benefits remain approved.

State Disability or Workers' Compensation benefits may offset your disability claim. Please call the state to apply for any potential benefits:

800-842-1718 for New York or go to [www.wcb.ny.gov](http://www.wcb.ny.gov) to file your state disability online.

If additional information is needed, your case manager will contact you and your provider within 1 business day, to obtain the necessary medical information. AT&T IDSC may require copies of your medical records, specifically regarding the days of this period of absence. Therefore, it is very important that you sign a Release of Information at your doctor's office to assist the Case Manager in obtaining the necessary information to make a determination.

If we are provided enough information to approve your claim, you may only receive a text, email, or letter advising of your approved periods and your next medical due date.

These records may include, but are not limited to:

Delete what is not applicable and add what is appropriate but not listed

- Office notes/ Treatment notes
- Lab results/ X-rays results
- Hospital discharge summary
- Prenatal notes
- Operative Report
- Post Operative Treatment Notes
- Treatment Plan

Time off due to an approved disability MAY run concurrent with FMLA time, if you are eligible and entitled to Family Medical Leave (FMLA).

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Medical due date:

Your medical information is due: 6/15/16

You or your provider can fax these records:  
(866) 224-4627 (Chicago/Irving)

Your time away from work is unpaid while your disability determination from AT&T IDSC is pending. It is important that we receive your medical records timely to prevent the least disruption in pay. Once we review your medical records your case manager will make a disability benefit determination. In the event that your claim is approved you will ordinarily receive your disability pay on your next regularly scheduled paycheck.

Claims without medical information supporting a complete inability to perform your assigned job duties by the medical due date will be denied. So please sign a Release of Medical Information at your provider's office to assist your Case Manager in obtaining the necessary medical information.

If you are working, traveling or attending school while receiving disability benefits you are required to notify the IDSC because this may impact the benefits you are eligible to receive.

Please remember to call AT&T IDSC to report any changes or updates in your medical condition or any return to work information and to sign a Release of Medical information with your provider.

For PUSH TECHNOLOGY the following questions should be asked:

Would you like to receive claim documentation by email or postal mail? email  
If email, what email address would you like to use? \*\* Your ATT  
email address is not active during your disability period. Please provide a personal email address to receive claim updates. If you

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elect to receive email communications, you will begin to receive general claim communication via your home email address provided. Communications which contain more sensitive information such as those containing medical information or benefit denials will not be sent via email. Do not wait for the initial packet to start the process of having medical information provided. This will allow you to receive the Release of Information promptly so you can sign and return at your earliest convenience.

We can also text status updates regarding your claim to your cell phone? Would you also like to use? yes If yes - cell number

If yes, Please note that standard text messaging rates will apply. \*\*Text messages may be received between 9am and 8pm CST Monday-Friday. The message will not have a subject line and will be delivered from 30169. Do not reply to text messages received from the AT&T IDSC. If you elect to receive text messages as an option, you will receive text communications at 2 or 3 critical points in your claim. These will be sent to let you know when your claim is opened, approved, or if needed, a text to remind you of the medical due date on your claim. You will continue to receive all regular communications by phone and regular mail or email if selected in addition to our texted reminders. \*\*Just as a reminder you will receive texts or emails regarding approvals or medical due dates instead of phone calls, but you are welcome to give us a call if you have any questions.\*\*\*\*

To view your disability claim status, you have access to viaOne Express (VOE) which offers web-based access and self-service functionality. VOE allows you to view the status of your disability claim and securely communicate with your claim specialist to update personal information, advise of doctor's appointments, and notify of anticipated return-to-work dates. VOE is available through AT&T's OneStop on the Disability Home page under Employees Resources.

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AT&T has many other resources that may be of interest or helpful to you. Visit AT&T Onestop.web.att.com. Resources such as LifeCare and the AT&T Employee Assistance Program offer support for you and your family. LifeCare provides personalized referrals for help with issues such as childcare, adult care, financial, and legal concerns. You can reach LifeCare at 1-800-873-4636 or visit on-line at www.lifecare.com. Another resource is AT&T's Employee Assistance Program (EAP) which provides professional and confidential assistance in areas of stress, substance abuse, personal issues, and many other concerns. ValueOptions is the EAP Administrator and can be reached at 1-800-554-6701, at any time.

Feel free to contact our Service Center Team at anytime regarding your disability benefits or your claim.

Are there any questions that I can answer for you now?

Thank you for calling AT&T IDSC, I sincerely hope you are feeling better.

[Time Note Created : 9:03 AM ]

-----

B625018632-0001-02 06/07/2016 BA HUNTERS

Begins Date: 05/11/16

End Date: 06/05/16

Type: ST

Status: OP

Reason: NP

[Time Note Created : 9:03 AM ]

-----

B625018632-0001-02 06/07/2016 WK HUNTERS

First Absence: 05/11/16

Date of Disability: 05/11/16

Last Day Worked: 05/10/16

Last Date Worked (Full/Half): yes

Authorized Off Work: no

Modified Duty Full Days: yes

[Time Note Created : 9:03 AM ]

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B625018632-0001-02 06/07/2016 BA HUNTERS  
 Begins Date: 06/06/16  
 End Date: 06/06/16  
 Type: ST  
 Status: NR  
 Reason: NP

[Time Note Created : 9:03 AM ]

-----  
 B625018632-0001-02 06/07/2016 WK HUNTERS  
 9:03 EE ci to report that ee RTW: 06/06/16  
 ft.fd

diaried cm / survey advsd

You may be receiving a Customer Service Survey Notification by mail or email.  
 \*This is your opportunity to give us your opinion on how we've handled your claim. This survey is confidential, so we welcome your honest and direct opinion. Please review and answer the 5 questions and drop it in the mail, or reply to the email.

[Time Note Created : 9:04 AM ]

-----  
 B625018632-0001-02 06/07/2016 U5 DIANEFT  
 No linking issues

EDGE Plan

[Time Note Created : 9:33 AM ]

-----  
 B625018632-0001-02 06/07/2016 CI DIANEFT  
 Examiner change: From: nc To: vlatham  
 \*\*\*\* NOTE CREATED BY: SYS \*\*\*\*  
 [Time Note Created : 9:33 AM ]

-----  
 B625018632-0001-02 06/07/2016 CT SYS  
 Subtype changed from to NC  
 \*\*\*\* NOTE CREATED BY: dianeft \*\*\*\*  
 [Time Note Created : 9:33 AM ]

-----  
 B625018632-0001-02 06/07/2016 CM SYS  
 To: 9177530200  
 Sent: 06/07/2016 10:22:06.107-05:00

Confirming receipt of Short Term Disability claim #B625018632-0001-02. A packet with additional details is being sent.  
 \*\*\*\* NOTE CREATED BY: SYSTEM \*\*\*\*  
 [Time Note Created :10:22 AM ]

-----  
 B625018632-0001-02 06/07/2016 CM SYS  
 (Rule#: 24891 Template#: 296552)  
 \*\*\*\* NOTE CREATED BY: SYSTEM \*\*\*\*  
 [Time Note Created :10:22 AM ]

-----  
 B625018632-0001-02 06/08/2016 OF VLATHAM  
 Adjustment type - Short Term Disability created. Amount: 170.00 Inception date 05/11/2016  
 [Time Note Created : 9:13 AM ]  
 -----

B625018632-0001-02 06/08/2016 U5 VLATHAM  
No linking issues  
[Time Note Created : 9:14 AM ]

---

B625018632-0001-02 06/08/2016 ST VLATHAM  
Ee is eligible for benefits  
[Time Note Created : 9:14 AM ]

---

B625018632-0001-02 06/08/2016 DE VLATHAM  
EE is not eligible for cp pay  
[Time Note Created : 9:35 AM ]

---

B625018632-0001-02 06/08/2016 CN VLATHAM  
From: Latham, Valerie  
Sent: Wednesday, June 08, 2016 9:19 AM  
To: 'kw3800@att.com'  
Subject: ALLEN, CYNTHIA  
Y-B625018632-0001-01-PLEASE CONFIRM JOB DUTIES  
[Time Note Created : 9:37 AM ]

---

B625018632-0001-02 06/08/2016 MD VLATHAM  
PC TO Dr. Gila Aaron 212 873 1909 to obtain  
medical information and address RTW/TWP spoke  
with receptionist, she would not give  
information telephonically requested IDSC fax #  
646 559 5606  
  
Form Letter(s): IDSC Initial Physician  
Statement  
Created On: 06/08/16  
[Time Note Created : 9:37 AM ]

---

B625018632-0001-02 06/08/2016 CM VLATHAM  
Pc to ee to complete IC, lvm  
[Time Note Created : 9:38 AM ]

---

B625018632-0001-02 06/08/2016 AP VLATHAM  
Claim pending  
f/u with ee to complete IC/rtw plans/twp  
f/u with dept for job duties clarification  
f/u with Dr. for op note/ovn  
f/u with md office to discuss twp  
review meds as recd  
[Time Note Created : 9:38 AM ]

---

B625018632-0001-02 06/08/2016 CN SYS  
1632\_ATT\_DS\_IDSC Disability RTW Notice sent to  
Supervisor  
(Rule#: 22062 Template#: 254034 DCN:  
7020160608012651) To: kw3800@att.com  
\*\*\*\* NOTE CREATED BY: APPSERV \*\*\*\*  
[Time Note Created :11:05 AM ]

---

B625018632-0001-02 06/08/2016 CN SYS  
1632\_ATT\_DS\_IDSC Disability Claim Notice Email  
sent to Supervisor (Rule#: 22062 Template#:  
254036 DCN: 7020160608012763) To:  
kw3800@att.com  
\*\*\*\* NOTE CREATED BY: APPSERV \*\*\*\*  
[Time Note Created :11:05 AM ]

---

B625018632-0001-02 06/08/2016 AU SYS  
1632\_NY\_DS\_IONC\_SD\_Relaspe\_Mobility (A) has

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----- NOTES -----

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been succesfully regenerated.  
 \*\*\*\* NOTE CREATED BY: ksimons \*\*\*\*  
 [Time Note Created :12:33 PM ]

B625018632-0001-02 06/08/2016 CK SYS  
 Introductory letter mailed to worker this date  
 acknowledging receipt of claim and advising  
 claim number and SCMS contact information.  
 (Rule#: 1131 Template#: 271650 DCN:  
 7020160608027625) To:  
 \*\*\*\* NOTE CREATED BY: APPSERV \*\*\*\*  
 [Time Note Created : 2:04 PM ]

B625018632-0001-02 06/15/2016 MD EGRAZEVI  
 MDD deferred medical rec today 6/15  
 [Time Note Created : 2:08 PM ]

B625018632-0001-02 06/15/2016 CM EGRAZEVI  
 2nd attempt IC, left vm at asking  
 for a call back to confirm information on  
 claim. will send call me letter.  
 [Time Note Created : 2:19 PM ]

B625018632-0001-02 06/15/2016 CM EGRAZEVI  
 EE returning CM call for IC. CM unavailable.  
 EE requests callback  
 \*\*\*\* NOTE CREATED BY: arcolema \*\*\*\*  
 [Time Note Created : 2:34 PM ]

B625018632-0001-02 06/15/2016 CM SYDNEIS  
 EE ci to s/w CM. Declined assist. Cm na. EE  
 requesting rtc @  
 [Time Note Created : 2:43 PM ]

B625018632-0001-02 06/16/2016 CM SYS  
 1632\_ATT\_DS\_IDSC Call Me Letter sent to  
 claimant (Rule#: 22062 Template#: 253466 DCN:  
 7020160615034081)  
 \*\*\*\* NOTE CREATED BY: APPSERV \*\*\*\*  
 [Time Note Created : 4:04 PM ]

B625018632-0001-02 06/16/2016 CM VLATHAM  
 CM CONTACT: EDD: 12/5/2016  
 -This call may be monitored for quality  
 assurance.  
 Confirmed FDA: 04/15/2016  
 Job Title: retail sales  
 Job Duties: standing, assisting customers

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----- NOTES -----

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Classification: moderate
Sched Wrk Hrs: 8:30-6
Dx: Hyperemesis, Gravidarum
Trmt plan: IV ER 04/14, 4/26-ER, 05/13-ER
Hospitalized: no
NOV: 06/16
ERTW: n/a
MD name and number: address book updated
Medical due date: n/a
CP PAY: n/a
TRAVELING NOT PERMITTED WHILE ON SD
BASED ON YEARS OF SERVICE:
3 Years of Service,
You are eligible to receive:
6 Weeks at your full pay and
20 Weeks at 60% of your pay:
Totaling 26 weeks of benefits as long as your
benefits remain approved.
-May AT&T IDSC leave confidential information
regarding your claim on a VM yes
-Do you have an open WC claim that you are
receiving payments from?-no
Information needed from the Treating provider
are: OVN/any dx test done such as MRI, any lab
work, X-ray etc that will support complete
incapacity. Medical notes need to provide
detailed observed findings which is the
findings the doctor observes in a patient while
they doing a physical exam or when you sitting
in the office, (e.g someone who has difficulty
breathing, the exam should show abnormal lung
exam)
[Time Note Created : 4:16 PM ]

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-----
B625018632-0001-02 06/16/2016 MD VLATHAM
DCN: 5220160615002644, recd via fax on
06/15/2016 containe copy of lab report from
dos: 05/13/2016

DCN: 5220160615002580, recd via fax on
06/15/2016 containd cop of lab report from dos:
04/27/2016

DCN: 5220160615002504 recd via fax on
06/15/2016 contained copy fax cover sheet only

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----- NOTES -----

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04/27

05/13

A/P: no objective findings Ds recommends PA/lab  
work only  
[Time Note Created : 4:21 PM ]

-----  
B625018632-0001-02 06/17/2016 CM EGRAZEVI  
Called EE, straight to vm twice.  
[Time Note Created : 9:02 AM ]  
-----

B625018632-0001-02 06/21/2016 MD VLATHAM  
DCN:  
5220160617021442  
RECEIPT DATE:  
6/17/2016 aps, signed roi from Dr. gila aaron  
  
dx: hypermesia 021.0  
  
dates of illness 04/20  
  
seen in ER  
  
objective findings: weight loss, vomitting

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NOV: 06/17/2016

improved by 05/09/2016

DDG:021.0 Mild hyperemesis gravidarum  
Return-To-Work "Best Practice" Guidelines  
Without hospitalization: 0 days  
avail medical not supporting est ddg.

rationale:

Ee is a 26 year old RETAIL SALES CO(moderate  
avail medical does not support the entire time  
away from performing standing, assisting  
customer, talking and typing, EE was seen in ER  
room was expected to improve by 05/09/2016, md  
suggest weight loss due to hyperemesis, no  
weight description provided.

lab work

DCN: 5220160615002580, recd via fax on  
06/15/2016 containd cop of lab report from dos:  
04/27/2016  
does show abnormality,  
Ds recommends PA

[Time Note Created :10:06 AM ]

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B625018632-0001-02 06/21/2016 NT FOODYJ  
EE seen in the ER 4/27/2016 and 5/13/2016 d/t  
hyperemesis gravidarem.  
labs work done. Aps dated 6/17/2016 indicates  
ee was unable to work d/t hyperemesis  
gravidarem. Objective findings include weight  
loss and vomitting. Please process Obgyn PA.  
Medical does not substantiate ee's inability to  
perform her occupational job duties from  
5/11/2016- 6/05/2016. On the days the EE went  
to the ER, it is understandable that she would  
have had to miss work. However, it is unclear  
as to why she was not able to RTW the next day.  
Medical does not support total incapacity.  
Further clarification of ee's condition and  
work capacity is warranted at this time.  
[Time Note Created :10:35 AM ]

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B625018632-0001-02 06/21/2016 CN MATHEWSP  
Andrew, AM, 972-470-7537, ci re: claim status,

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csr adv the claim is in a pending status.  
[Time Note Created : 1:14 PM ]

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B625018632-0001-02 06/27/2016 CM WMWANGI  
Andrew, AM, 972-471-7537, ci to ck status. csr  
adv RTW 06/06. csr also adv claim still  
pending. caller vu.  
[Time Note Created : 3:04 PM ]

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B625018632-0001-02 07/06/2016 TP JPAULS  
EE has light job duties of stand, talk,  
interact with customers and light lifting. EE  
seen in ER on 4/27 and 5/13 d/t hyperemesis  
gavidarem and did not work from 4/20 - 5/9. EE  
went back out of work on 5/11 and returned on  
6/6 Does medical received support EE from  
performing her job duties?

Does the medical information provided contain  
objective findings that support ee's inability  
to perform essential functions?

What are the objective observables to  
substantiate severity and inability to perform  
job duties?

Your Submission has been received! Please  
reference 387693 as your confirmation id.  
[Time Note Created : 9:56 AM ]

-----

B625018632-0001-02 07/13/2016 OF VLATHAM  
Adjustment type-Short Term Disability has  
changed. Amount changed from : 170.00  
Inception date 05/11/2016  
to amount: 0.00 Inception date 05/11/2016  
\*\*\*\* NOTE CREATED BY: hreilly \*\*\*\*  
[Time Note Created : 4:16 PM ]

-----

B625018632-0001-02 07/13/2016 OF VLATHAM  
Adjustment type-Short Term Disability has  
changed. Amount changed from : 0.00  
Inception date 05/11/2016  
to amount: 0.00 Inception date 05/11/2016  
Expiration date 06/05/2016

Date: 03/16/2018 11:18am

User: jenkins

Page: 15

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=====
Claim Number : B625018632-0001-02                      Date Loss : 04/14/2016
Client       : 1632      - AT&T Services, Inc.
Account      : 16321056  - M1 - AT&T Mobility Services, LLC
Unit         : M1999     - M1 - AT&T Mobility Services, LLC
Claimant      : ALLEN, CYNTHIA Y
=====

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----- NOTES -----

Event/Clmnt/Claim Date Tp Sb Examiner

\*\*\*\* NOTE CREATED BY: hreilly \*\*\*\*  
 [Time Note Created : 4:16 PM ]

B625018632-0001-02 07/13/2016 OF VLATHAM  
 Adjustment type - State Disability created.  
 Amount: 170.00 Inception date 05/11/2016  
 Expiration date 06/05/2016  
 \*\*\*\* NOTE CREATED BY: hreilly \*\*\*\*  
 [Time Note Created : 4:17 PM ]

B625018632-0001-02 07/13/2016 U3 HREILLY  
 updated offset type  
 [Time Note Created : 4:17 PM ]

B625018632-0001-02 07/14/2016 TP EWOODS  
 DCN:5220160711019272 FAX RECEIVED:7/11/2016  
 2:53:26 PM obgyn PA.

REFERRED BY: Julie Pauls  
 CLIENT: ATT  
 REVIEW PERIOD: 5/11/2016 through forward  
 NAME: Cynthia Allen  
 CLAIM #: B625018632-0001-02  
 NMR #: J466867.01  
 DOB:  
 DATE: 7/11/2016

TELECONFERENCE #1:

- 1) TP NAME: Dr. Gila Aaron
- 2) DATE: 7/6/2016
- 3) TIME: 02:15 PM ET
- 4) PERSON SPOKEN WITH: Amanda
- 5) POSITION OF PERSON SPOKEN WITH: Other

SUMMARY OF CONVERSATION: I contacted the office of Dr. Aaron on 7/6/16 at 2:15 PM ET. I spoke to an assistant named Amanda, who placed me on hold for a few moments. She came back on the line and stated that she would be unable to answer any questions regarding this patient care because they do not have a release of information in order for me to talk to her or the Dr. She thanked me for calling and then hung up. There was no additional information from the office of Dr. Aaron.

OBSTETRICS/GYNECOLOGY SYNOPSIS:



Date: 03/16/2018 11:18am

User: jenkins

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Claim Number : B625018632-0001-02 Date Loss : 04/14/2016

Client : 1632 - AT&T Services, Inc.

Account : 16321056 - M1 - AT&T Mobility Services, LLC

Unit : M1999 - M1 - AT&T Mobility Services, LLC

Claimant : ALLEN, CYNTHIA Y

=====

----- NOTES -----

Event/Clmnt/Claim Date Tp Sb Examiner

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This file is being reviewed from an OB/GYN perspective. Ms. Allen (DOB 8/17/89) is a Retail Sales Consultant with moderate job duties that include standing, talking, interact with customers, and light lifting for AT&T. The records indicate that the patient is pregnant with a due date of 12/5/16. The review period for this file is 5/11/16 through forward. The records provided for review include laboratory tests done on 5/13/16 at Mount Sinai Roosevelt emergency department.

There are two attending physician statement provided. These were both faxed on 6/17/16 and stated that the patient was to be off work initially from 4/20/16 through 5/8/16 for hyperemesis. The second form stated that she was to be off work from 5/10/16 through 6/6/16. The diagnosis code was hyperemesis. The signature was illegible. There were no other records with any recent symptoms, physical exam findings, or test results provided for review.

IN ANSWER TO YOUR SPECIFIC QUESTIONS:

1. Does the medical information provided contain objective findings that support ee's inability to perform essential functions?

No. The medical information provided for review does not contain any abnormal objective findings that would support an inability to perform the essential moderate functions of her job from 5/11/16 through forward.

2. What are the objective observables to substantiate severity and inability to perform job duties?

There are no objective observable findings documented that was substantiated significant or severe conditions or inability to perform moderate job duties from 5/11/16 through

Date: 03/16/2018 11:18am

User: jenkins

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Claim Number : B625018632-0001-02 Date Loss : 04/14/2016

Client : 1632 - AT&T Services, Inc.

Account : 16321056 - M1 - AT&T Mobility Services, LLC

Unit : M1999 - M1 - AT&T Mobility Services, LLC

Claimant : ALLEN, CYNTHIA Y

=====

----- NOTES -----

Event/Clmnt/Claim Date Tp Sb Examiner

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forward. The only records provided for this review were from the emergency department at Mount Sinai Roosevelt on 5/13/16 with a

There were no other physical exam findings documented.

RATIONALE:

Ms. Allen is a Retail Sales Consultant with moderate job duties that include standing, talking, interact with customers, and light lifting. The records indicate that the patient is pregnant with a due date of 12/5/16. The only records provided for review were from the emergency department at Mount Sinai Roosevelt on 5/13/16 with a

There were no other abnormal objective findings, significant or severe conditions, or any complications of her pregnancy documented to support an inability to work from 5/11/16 through forward. The attending physician statements gave the diagnosis of hyperemesis, but no abnormal objective findings were documented. I contacted the office of Dr. Aaron, and was advised by Amanda that there was no release of information so they could not answer any questions.

Based on the medical records provided for review, from an OB/GYN perspective, there is no support for an inability for this employee to perform her normal moderate job duties from 5/11/16 through forward.

CONFLICT OF INTEREST ATTESTATION:

I certify that I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge I was not involved with the specific episode of care prior to referral of the case for review. I do not have a material professional, familial, or financial conflict of interest (financial conflict of interest is defined as ownership interest of

Date: 03/16/2018 11:18am

User: jenkins

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Claim Number : B625018632-0001-02                      Date Loss : 04/14/2016
Client       : 1632      - AT&T Services, Inc.
Account      : 16321056  - M1 - AT&T Mobility Services, LLC
Unit         : M1999     - M1 - AT&T Mobility Services, LLC
Claimant      : ALLEN, CYNTHIA Y
=====

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----- NOTES -----

Event/Clmnt/Claim    Date                    Tp   Sb   Examiner

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greater than 5%) regarding any of the following: the referring entity; the insurance issuer or group health plan that is the subject of the review the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator, plan fiduciary, or plan employee; the health care provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of the principle drug, device, procedure or other therapy being recommended for the covered person whose treatment is the subject of the review.

This attestation certifies that the peer reviewer named below has the appropriate scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review and has current, relevant experience and/or knowledge to render a determination for the case under review.

PHYSICIAN ADVISOR:

S. Peter Sakovich, M.D.  
Board Certified Obstetrics/Gynecology  
Licensed in State of TX #G3756

NMR CONFLICT OF INTEREST ATTESTATION:

NMR attests to the fact that there is no conflict of interest with this review for referring entity, benefit plan,

Date: 03/16/2018 11:18am

User: jenkins

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=====
Claim Number : B625018632-0001-02                      Date Loss : 04/14/2016
Client       : 1632      - AT&T Services, Inc.
Account      : 16321056  - M1 - AT&T Mobility Services, LLC
Unit        : M1999     - M1 - AT&T Mobility Services, LLC
Claimant     : ALLEN, CYNTHIA Y
=====

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----- NOTES -----

Event/Clmnt/Claim Date Tp Sb Examiner

enrollee/consumer, attending provider,  
facility, drug, device or procedure. NMR  
attests that its compensation is not dependent  
on the specific outcome of this review or has  
had any involvement with this case prior to  
this referral.

[Time Note Created : 7:47 AM ]

B625018632-0001-02 07/14/2016 MD BWOODS  
DDG:021.0 Mild hyperemesis gravidarum  
Return-To-Work "Best Practice" Guidelines  
Without hospitalization: 0 days  
avail medical not supporting est ddg post-PA

rationale:

EE is a 26 year old RETAIL SALES CO(moderate  
avail medical does not support the entire time  
away from performing standing, assisting  
customer, talking and typing, EE was seen in ER  
room was expected to improve by 05/09/2016, md  
suggest weight loss due to hyperemesis, no  
weight description provided.

Post-PA it was noted that records indicate that  
the patient is pregnant with a due date of  
12/5/16. The only records provided for review  
were from the emergency department at Mount  
Sinai Roosevelt on 5/13/16

There

were no other abnormal objective findings,  
significant or severe conditions, or any  
complications of her pregnancy documented to  
support an inability to work from 5/11/16  
through forward. Although ee was dx w/  
hyperemesis there were no abnormal objective  
findings were documented. No teleconference  
performed dt no ROI on file. Based on PA review  
of the medical records there is no support for  
an inability to perform ee normal moderate job  
duties from 5/11/16 through forward.

[Time Note Created : 7:47 AM ]

B625018632-0001-02 07/14/2016 DN BWOODS  
bu 05/11/16 - 06/05/16, medical didn't support  
disability post-PA

Date: 03/16/2018 11:18am

User: jenkins

Page: 20

=====

Claim Number : B625018632-0001-02 Date Loss : 04/14/2016

Client : 1632 - AT&T Services, Inc.

Account : 16321056 - M1 - AT&T Mobility Services, LLC

Unit : M1999 - M1 - AT&T Mobility Services, LLC

Claimant : ALLEN, CYNTHIA Y

=====

----- NOTES -----

Event/Clmnt/Claim Date Tp Sb Examiner

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Post-PA it was noted that records indicate that the patient is pregnant with a due date of 12/5/16. The only records provided for review were from the emergency department at Mount Sinai Roosevelt on 5/13/16

There were no other abnormal objective findings, significant or severe conditions, or any complications of her pregnancy documented to support an inability to work from 5/11/16 through forward. Although ee was dx w/ hyperemesis there were no abnormal objective findings were documented. No teleconference performed dt no ROI on file. Based on PA review of the medical records there is no support for an inability to perform ee normal moderate job duties from 5/11/16 through forward.  
[Time Note Created : 7:50 AM ]

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B625018632-0001-02 07/14/2016 BA BWOODS  
bu 05/11/16 - 06/05/16, medical didn't support disability post-PA  
[Time Note Created : 7:52 AM ]

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B625018632-0001-02 07/14/2016 AP BWOODS  
denied/pending aml review for closure  
bu 05/11/16 - 06/05/16, medical didn't support disability post-PA  
tt/claim updated  
notice/letter sent, bu call made  
diaries set to monitor erisa, 30 day aml review for closure  
[Time Note Created : 7:52 AM ]

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B625018632-0001-02 07/14/2016 CM BWOODS  
pc to EE @ . no answer/lvm to adv of bu 05/11/16 - 06/05/16, medical didn't support disability post-PA

Post-PA it was noted that records indicate that the patient is pregnant with a due date of 12/5/16. The only records provided for review were from the emergency department at Mount Sinai Roosevelt on 5/13/16

There were no other abnormal objective findings,

----- NOTES -----

Event/Cmnt/Claim	Date	Tp	Sb	Examiner

significant or severe conditions, or any complications of pregnancy documented to support an inability to work.

Medical provided was insuff in observable findings/evidence of disability to support incapacity to perform job duties

you will receive a denial letter in the mail  
and you have 180 days to appeal or submit addtl  
medical for review

bu notice sent to dept

```
ids # given, ty/call ended
[Time Note Created : 8:01 AM ]
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B625018632-0001-02 07/14/2016 CN SYS  
1632\_ATT\_DS\_IDSC Disability Denial Notice Email  
sent to Supervisor  
(Rule#: 22062 Template#: 254029 DCN:  
7020160714004224) To: ma5101@att.com  
\*\*\*\* NOTE CREATED BY: APPSERV \*\*\*\*  
[Time Note Created : 9:02 AM]

B625018632-0001-02 07/14/2016 CN SYS  
1632\_ATT\_DS\_IDSC Disability RTW Notice sent to  
Supervisor  
(Rule#: 22062 Template#: 254034 DCN:  
7020160714030491) To: ma5101@att.com  
\*\*\*\* NOTE CREATED BY: APPSERV \*\*\*\*  
[Time Note Created : 2:10 PM ]

B625018632-0001-02 07/15/2016 SR SYS

SAC BU ltr for medical not support post pa  
review rec/edited and forwarded for mailing  
reg/cert mail via obc DCN 562016071516555 &  
562016071516585

\*\*\*\* NOTE CREATED BY: hreilly \*\*\*\*

[Time Note Created : 3:03 PM ]

B625018632-0001-02 07/15/2016 SR HREILLY  
linked correctly  
  
this writer entered code in TT  
  
bu and FD notices sent

Date: 03/16/2018 11:18am

User: jenkins

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=====
Claim Number : B625018632-0001-02                      Date Loss : 04/14/2016
Client       : 1632      - AT&T Services, Inc.
Account      : 16321056  - M1 - AT&T Mobility Services, LLC
Unit        : M1999     - M1 - AT&T Mobility Services, LLC
Claimant     : ALLEN, CYNTHIA Y
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----- NOTES -----

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Event/Clmnt/Claim  Date      Tp  Sb  Examiner
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                                misc screen completed for PA Review
                                [Time Note Created : 3:04 PM ]
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B625018632-0001-02  07/18/2016  DN      BWOODS
                                letter mailed: DCN 562016071516555 &
                                562016071516585
                                [Time Note Created : 8:51 AM ]
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B625018632-0001-02  07/18/2016  CI      HREILLY
                                Examiner change: From: vlatham To: jpauls
                                **** NOTE CREATED BY: SYS ****
                                [Time Note Created :10:30 AM ]
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B625018632-0001-02  08/15/2016  ST      JPAULS
                                no appeal received
                                no additional medical received
                                set diary to close claim
                                [Time Note Created :11:37 AM ]
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B625018632-0001-02  08/15/2016  SR      TERESEE
                                claim denied-medical does not support

                                denial letter mailed

                                no additional mediical or appeal recevied

                                no recommendation
                                close file
                                [Time Note Created :12:08 PM ]
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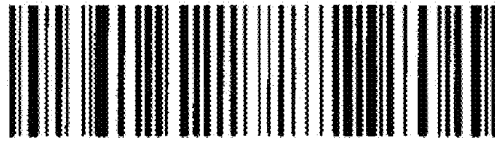
B625018632-0001-02  08/15/2016  WK      TERESEE
                                First Absence: 05/11/16
                                Date of Disability: 05/11/16
                                Last Day Worked: 05/10/16
                                Last Date Worked (Full/Half): yes
                                Authorized Off Work: no
                                Case Manager Full Duty: 06/06/16
                                Modified Duty Occupation: retail sales
                                Modified Duty Demand: L
                                Modified Duty Full Days: yes

                                [Time Note Created :12:10 PM ]
-----

```

SEDGWICK  
PO Box 14626

Lexington, KY 40512-4521



7192 3249 0010 0635 2336

CYNTHIA Y. ALLEN  
30 SOUTH MUNN AVE APT 17  
EAST ORANGE, NJ 07018

01-12-2016 14:11:11



7/15/2016

B625018632000102

562016071516555





AT&T IDSC  
PO Box 14627  
Lexington, KY 40512

**AT&T Integrated Disability Service Center**  
*As Administered by Sedgwick*

Phone: 866-276-2278 Fax: 866-224-4627



AT&T Integrated Disability Service Center

CYNTHIA Y. ALLEN  
30 SOUTH MUNN AVE APT 17  
EAST ORANGE, NJ 07018



7/15/2016

B625018632000102

562016071516555



AT&T IDSC  
PO Box 14627  
Lexington, KY 40512

AT&T Integrated Disability Service Center  
*As Administered by Sedgwick*

Phone: 866-276-2278 Fax: 866-224-4627



AT&T Integrated Disability Service Center

July 15, 2016

CYNTHIA Y. ALLEN  
30 SOUTH MUNN AVE APT 17  
EAST ORANGE, NJ 07018

RE: AT&T Mobility Disability Benefits Program  
Claim Number: B625018632-0001-02

Dear Ms. ALLEN:

Please be advised that after a review of your Short-Term Disability (STD) claim, it has been determined that you do not qualify for STD benefits under the AT&T Mobility Disability Benefits Program; therefore, benefits are denied from May 11, 2016 through June 5, 2016. This determination is based on the following Program provision(s):

The AT&T Mobility Disability Benefits Program Summary Plan Description (SPD) provides in relevant part in the section (s) titled:

**YOUR SHORT-TERM DISABILITY BENEFITS**

**When You Are Considered Disabled**

You are considered Disabled for purposes of Short-Term Disability Benefits if the Claims Administrator determines that you are Disabled. Disabled means that you are absent from Active Employment and unable to perform the duties of your Customary Job due to illness (including pregnancy) or injuries.

**DISCONTINUANCE OF BENEFITS UNDER THE PROGRAM**

Although you are otherwise eligible and may have been approved for benefits under the Program, all benefits under the Program will be denied or discontinued on the earliest day that any of the following events occur:

- You fail to provide Medical Evidence or other information reasonably required by the Claims Administrator for purposes of administering your claim.
- You have not established your Disability based on Medical Evidence, as determined by the Claims Administrator

Our determination to deny benefits is based on a review of labs dates May 13, 2016 received on June 15, 2016 and a form completed by Gila Aaron, MD received on June 17, 2016.



\* C 2 0 5 6 1 3 1 6 - 3 3 8 - 1 6 3 2 \*



7/15/2016

B625018632000102

562016071516555



The labs from Mount Sinai Roosevelt performed on May 13, 2016 noted that you tested positive for pregnancy with an expected due date of December 5, 2016.

Dr. Aaron indicated that you had weight loss and vomiting. No office visit notes were provided.

Clinical information provided and reviewed does not document a severity of your condition(s) that supports your inability to perform your occupation as a Retail Sales Consultant.

To help clarify your condition and the extent of your functional limitations your file was referred to a Physician Advisor for review. The Physician Advisor attempted to contact Gila Aaron, MD on July 6, 2016, but was unable to speak to the provider because office staff, Amanda, noted there was no release of information on file and terminated the call. Upon review of the available medical evidence, the Physician Advisor determined that the medical evidence provided did not include information that supported any impairment in functionality that would prevent you from performing your occupation.

For your claim to qualify for benefits, AT&T IDSC would need clear medical evidence from your current treating provider(s) of why you are not able to perform the essential duties of your occupation. Your treating provider(s) would need to document your functional impairments as they relate to your diagnosis and provide a treatment plan that addresses plans for your return to work with or without reasonable restrictions with a reasonable duration. This information may be included in the following: chart or progress notes, specialist's evaluations, physical therapy notes, diagnostic test results, operative report(s), or any other clear observable medical information you feel supports your inability to perform your job duties with or without reasonable restrictions.

Please contact your supervisor to discuss possible options to cover this period of denied disability and/or future time off if you do not intend to return to work. Options could include: Company leave of absence; FMLA or state law equivalent; job accommodation. Questions regarding leaves of absence and other benefits may be referred to OneStop, 1-888-722-1787.

Denial of your Short-Term Disability benefits may affect your Health and Welfare benefits, including the requirement that you pay for you and/or your eligible dependents' contributions through direct payment. If you are set up for direct billing for Health and Welfare benefits, billing notices will be sent to you each month. For additional information regarding direct billing, access the AT&T Benefits Center Web site directly at <http://resources.hewitt.com/att> or call the AT&T Benefits Center at 1-877-722-0020. AT&T Benefits Center Representatives are available between 7 a.m. and 7 p.m., Central time, Monday through Friday.

If you wish to appeal this determination, you or your authorized representative may do so by submitting a written request for review of your denied claim within 180 days after your receipt of this letter. When requesting the review of the claim denial, please state the reason(s) you believe your claim was improperly denied. You may also submit medical or vocational information, and any facts, data, questions or comments you deem appropriate for us to give your appeal proper consideration. Please ensure that your appeal request is physically signed and dated.

When an appeal is requested, your claim will then be handled by the appeals department until a determination is made or you rescind your request. In the interim, you may submit additional information for review by your disability specialist.

Enclosed is a copy of the appeal procedure and the appeal form. In your appeal, please state the reason(s) you believe your claim should not be denied. Your appeal and supporting documentation should be submitted to:



\* C 2 D 5 6 1 3 1 6 - 3 3 8 - 1 6 3 2 \*



7/15/2016

B625018632000102

562016071516555



AT&T IDSC Quality Review Unit  
P.O. Box 14626  
Lexington, KY 40512  
Fax: 1-866-856-5065

You shall be provided, upon written request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

Please note that your file may be supplemented after we respond to your request for relevant documents and such further information will be provided to you upon your future request(s).

You have a right to bring a lawsuit against the AT&T Umbrella Benefit Plan No. 3, under which the AT&T Mobility Disability Benefits Program is a program, under Section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) for denied benefits you believe are due to you, but only after you complete the appeal process as enumerated in the enclosed appeal procedures and in the AT&T Mobility Disability Benefits Program claim procedures, and your appeal has been denied.

If you have any questions, require additional information, experience a change in your medical condition or a change in your return to work plans, please contact the AT&T Integrated Disability Service Center (IDSC) at 1-866-276-2278 Monday through Friday 7:00 a.m. – 7:00 p.m. Central Time.

Sincerely,

Valerie Latham  
Disability Specialist  
AT&T Integrated Disability Service Center

5/23/2016 11:09 AM



\* C 2 0 5 6 1 3 1 6 - 3 3 8 - 1 6 3 2 \*



7/15/2016

B625018632000102

562016071516555



## AT&amp;T IDSC Quality Review Unit Appeal Form

To appeal the denial of your benefits, please complete this form and return it in the enclosed self addressed envelope within 180 days from your receipt of your original denial letter. If your appeal is not received within 180 days from your receipt of your original denial letter the original denial will be upheld.

## Please attach all pertinent medical information

Claim Number: B625018632-0001-02		
Last Name: ALLEN	First Name: CYNTHIA	Middle Initial: Y
Street Address 30 SOUTH MUNN AVE APT 17		
City: EAST ORANGE	State: NJ	Zip: 07018
Home Phone:	Work Phone:	

Please provide name and phone number of treating physician(s)

Provider Name:	Phone Number
Address:	Specialty:
Provider Name:	Phone Number:
Address:	Specialty:
Provider Name:	Phone Number:
Address:	Specialty:

Please state specifically why you are requesting an appeal of your benefits. Use the back of the form if necessary or attach a letter if additional space is needed.


Do you have additional medical information to submit that is not attached to the form? \_\_\_\_\_

If yes, please submit additional medical information as soon as reasonably possible.

Employee Certification:

I hereby certify that the information provided is complete and accurate to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form in the enclosed envelope to:

AT&T IDSC Quality Review Unit  
P.O. Box 14626  
Lexington, KY 40512  
Phone - 866-276-2278  
Fax 1-866-856-5065



\* 0 2 0 5 6 1 3 1 6 - 3 3 8 - 1 6 3 2 \*



7/15/2016

B625018632000102

562016071516555



**AT&T Integrated Disability Service Center**  
As Administered by Sedgwick

**Quality Review Unit**  
**Appeal Procedures**

1. Decisions of the Administrator (referred to as IDSC) to deny or limit a claim for benefits may be appealed and be subject to review by the Quality Review Unit (QRU).
2. You, or your authorized representative, may appeal the IDSC decision in writing to the QRU.
3. Your written appeal letter must be mailed or faxed to the QRU and must be postmarked within 180 days after you receive the IDSC notice of denial of benefits letter. Mail or fax your appeal to:

AT&T IDSC Quality Review Unit  
PO Box 14626  
Lexington, KY 40512  
Phone – 866-276-2278  
Fax – 866-856-5065

4. Your appeal must be in writing and should state as clearly and specifically as possible any facts and/or reasons why you believe the IDSC decision is incorrect. Since you have only one opportunity to appeal the denial of benefits, you should also include any new or additional medical evidence or materials in support of your appeal which you wish the QRU to consider. Such medical evidence or materials must be submitted along with your written statement at the time you file your appeal. If you are including medical evidence in your appeal, you or your treatment provider must submit the following:

- A clear outline of your level of functionality
- A description of how your level of functionality impacts your ability to work and perform your daily activities
- A detailed description of the treatment provider's rationale for your level of functionality
- Clinical documentation that supports the treatment provider's rationale

**Mental Health**

- Findings from formal mental status examination including clinical presentation and interaction
- Presenting signs (observations made by the treatment provider during office visits/therapy sessions)
- Dosage of medications if used; response to medications

**Medical Health**

- Findings from physical examinations
- Diagnostic test results (i.e. lab results, x rays, MRI's, etc.)
- Dosage of medications if used; response to medications

For additional information regarding what information your treatment provider needs to submit to support disability benefits refer to your Benefit Guide.

**IMPORTANT NOTE:** A written or verbal notice from you or your authorized representative that you intend to appeal will not be treated as your appeal nor will it stop the 180-day period from running. Your written appeal must be received by the QRU within 180 days from the date you receive the IDSC written denial or you may lose your opportunity to have the QRU review your claim.



7/15/2016

B625018632000102

562016071516555



5. You or your authorized representative may examine documents that bear on your claim by making a written request for the documents to the QRU. Such documents could include copies of the plan and/or SPD, medical and other records, and internal rules, guidelines, protocol or other similar criterion relied on in denying your claim.

Requests for copies of the plan and/or SPD should be made in writing to:

AT&T Services, Inc.  
P.O. Box 132160  
Dallas, TX 75313

Requests for copies of medical and other records, and internal rules, guidelines, protocol or other similar criterion relied on in denying your claim should be made in writing to:

AT&T Integrated Disability Service Center  
P.O. Box 14627  
Lexington, KY 40512

If you wish your authorized representative to receive copies of medical documents that pertain to your claim, you must first authorize release of the documents by signing and returning with your written request an authorization for release of medical information. Copies of documents you request to examine will be mailed to you or your authorized representative upon receipt of your written request (and a signed authorization for release of medical information, if applicable.)

**IMPORTANT NOTE:** If you or your authorized representative wish to examine documents, you should immediately request such documents to allow yourself time for review and preparation of your written appeal within the 180-day time period.

6. When your written appeal letter and any additional medical evidence or materials are received, the QRU will begin the appeal review. During the appeal review the QRU is not required to conduct a hearing. You or other authorized representatives are not permitted to present oral testimony.
7. A qualified individual who was not involved in the decision to deny your initial claim will be appointed to decide the appeal. If your appeal is related to clinical matters, the review will be done in consultation with a health care professional with appropriate expertise in the field and who was not involved in the initial determination. The QRU may consult with, or seek the participation of, medical experts as part of your appeal resolution.
8. Unless you are notified in writing that more time is needed, the QRU will review and decide your appeal within 45 days of its receipt of your appeal. If special circumstances require more time to consider your appeal, the QRU may take up to an additional 45 days to reach a decision. If this additional time is needed, the QRU will notify you in writing by both registered and regular mail before the initial 45-day period has expired.

**IMPORTANT NOTE:** You may not bring a lawsuit to recover benefits until you have filed an appeal with the QRU and either (a) you have received notice from the QRU that your claim has been denied or (b) you have received no notice from the QRU within 45 days of receipt of your appeal, or, if you were notified that an additional 45 days was needed, within 90 days of receipt of your appeal.




7/15/2016

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AT&T IDSC  
PO Box 14627  
Lexington, KY 40512

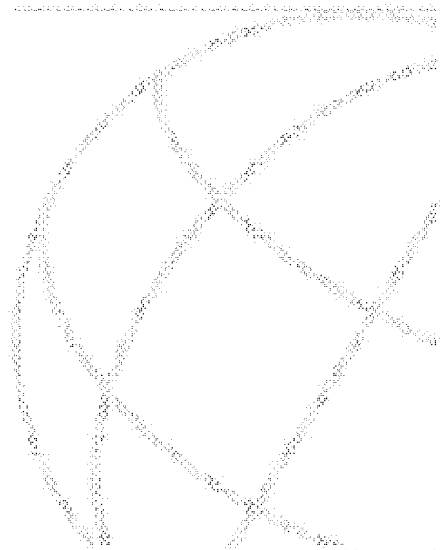
**AT&T Integrated Disability Service Center**  
*As Administered by Sedgwick*

**Phone: 866-276-2278 Fax: 866-224-4627**



CYNTHIA Y. ALLEN  
30 SOUTH MUNN AVE APT 17  
EAST ORANGE, NJ 07018

AT&T Integrated Disability Service Center



7/15/2016 12:00:00 AM

B625018632000102

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CONFIDENTIAL

DEF0000660

AT&T IDSC  
PO Box 14627  
Lexington, KY 40512

**AT&T Integrated Disability Service Center**  
*As Administered by Sedgwick*

**Phone: 866-276-2278 Fax: 866-224-4627**



July 15, 2016

CYNTHIA Y. ALLEN  
30 SOUTH MUNN AVE APT 17  
EAST ORANGE, NJ 07018

RE: AT&T Mobility Disability Benefits Program  
Claim Number: B625018632-0001-02

Dear Ms. ALLEN:

Please be advised that after a review of your Short-Term Disability (STD) claim, it has been determined that you do not qualify for STD benefits under the AT&T Mobility Disability Benefits Program; therefore, benefits are denied from May 11, 2016 through June 5, 2016. This determination is based on the following Program provision(s):

The AT&T Mobility Disability Benefits Program Summary Plan Description (SPD) provides in relevant part in the section (s) titled:

**YOUR SHORT-TERM DISABILITY BENEFITS**

**When You Are Considered Disabled**

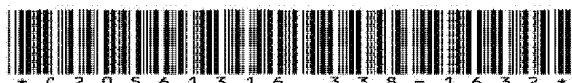
You are considered Disabled for purposes of Short-Term Disability Benefits if the Claims Administrator determines that you are Disabled. Disabled means that you are absent from Active Employment and unable to perform the duties of your Customary Job due to illness (including pregnancy) or injuries.

**DISCONTINUANCE OF BENEFITS UNDER THE PROGRAM**

Although you are otherwise eligible and may have been approved for benefits under the Program, all benefits under the Program will be denied or discontinued on the earliest day that any of the following events occur:

- You fail to provide Medical Evidence or other information reasonably required by the Claims Administrator for purposes of administering your claim.
- You have not established your Disability based on Medical Evidence, as determined by the Claims Administrator

Our determination to deny benefits is based on a review of labs dates May 13, 2016 received on June 15, 2016 and a form completed by Gila Aaron, MD received on June 17, 2016.



The labs from Mount Sinai Roosevelt performed on May 13, 2016 noted that you tested positive for pregnancy with an expected due date of December 5, 2016.

Dr. Aaron indicated that you had weight loss and vomiting. No office visit notes were provided.

Clinical information provided and reviewed does not document a severity of your condition(s) that supports your inability to perform your occupation as a Retail Sales Consultant.

To help clarify your condition and the extent of your functional limitations your file was referred to a Physician Advisor for review. The Physician Advisor attempted to contact Gila Aaron, MD on July 6, 2016, but was unable to speak to the provider because office staff, Amanda, noted there was no release of information on file and terminated the call. Upon review of the available medical evidence, the Physician Advisor determined that the medical evidence provided did not include information that supported any impairment in functionality that would prevent you from performing your occupation.

For your claim to qualify for benefits, AT&T IDSC would need clear medical evidence from your current treating provider(s) of why you are not able to perform the essential duties of your occupation. Your treating provider(s) would need to document your functional impairments as they relate to your diagnosis and provide a treatment plan that addresses plans for your return to work with or without reasonable restrictions with a reasonable duration. This information may be included in the following: chart or progress notes, specialist's evaluations, physical therapy notes, diagnostic test results, operative report (s), or any other clear observable medical information you feel supports your inability to perform your job duties with or without reasonable restrictions.

Please contact your supervisor to discuss possible options to cover this period of denied disability and/or future time off if you do not intend to return to work. Options could include: Company leave of absence; FMLA or state law equivalent; job accommodation. Questions regarding leaves of absence and other benefits may be referred to OneStop, 1-888-722-1787.

Denial of your Short-Term Disability benefits may affect your Health and Welfare benefits, including the requirement that you pay for you and/or your eligible dependents' contributions through direct payment. If you are set up for direct billing for Health and Welfare benefits, billing notices will be sent to you each month. For additional information regarding direct billing, access the AT&T Benefits Center Web site directly at <http://resources.hewitt.com/att> or call the AT&T Benefits Center at 1-877-722-0020. AT&T Benefits Center Representatives are available between 7 a.m. and 7 p.m., Central time, Monday through Friday.

If you wish to appeal this determination, you or your authorized representative may do so by submitting a written request for review of your denied claim within 180 days after your receipt of this letter. When requesting the review of the claim denial, please state the reason(s) you believe your claim was improperly denied. You may also submit medical or vocational information, and any facts, data, questions or comments you deem appropriate for us to give your appeal proper consideration. Please ensure that your appeal request is physically signed and dated.

When an appeal is requested, your claim will then be handled by the appeals department until a determination is made or you rescind your request. In the interim, you may submit additional information for review by your disability specialist.

Enclosed is a copy of the appeal procedure and the appeal form. In your appeal, please state the reason(s) you believe your claim should not be denied. Your appeal and supporting documentation should be submitted to:



AT&T IDSC Quality Review Unit  
P.O. Box 14626  
Lexington, KY 40512  
Fax: 1-866-856-5065

You shall be provided, upon written request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

Please note that your file may be supplemented after we respond to your request for relevant documents and such further information will be provided to you upon your future request(s).

You have a right to bring a lawsuit against the AT&T Umbrella Benefit Plan No. 3, under which the AT&T Mobility Disability Benefits Program is a program, under Section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) for denied benefits you believe are due to you, but only after you complete the appeal process as enumerated in the enclosed appeal procedures and in the AT&T Mobility Disability Benefits Program claim procedures, and your appeal has been denied.

If you have any questions, require additional information, experience a change in your medical condition or a change in your return to work plans, please contact the AT&T Integrated Disability Service Center (IDSC) at 1-866-276-2278 Monday through Friday 7:00 a.m. – 7:00 p.m. Central Time.

Sincerely,

Valerie Latham  
Disability Specialist  
AT&T Integrated Disability Service Center



<b>AT&amp;T IDSC Quality Review Unit Appeal Form</b>
--

To appeal the denial of your benefits, please complete this form and return it in the enclosed self addressed envelope within 180 days from your receipt of your original denial letter. If your appeal is not received within 180 days from your receipt of your original denial letter the original denial will be upheld.

**Please attach all pertinent medical information**

**Claim Number:** B625018632-0001-02

**Last Name:** ALLEN

**First Name:** CYNTHIA

**Middle Initial:**Y

**Street Address** 30 SOUTH MUNN AVE APT 17

**City:** EAST ORANGE

**State:** NJ

**Zip:** 07018

**Home Phone:**

**Work Phone:**

Please provide name and phone number of treating physician(s)

**Provider Name:**

**Address:**

**Phone Number**

**Specialty:**

**Provider Name:**

**Address:**

**Phone Number:**

**Specialty:**

**Provider Name:**

**Address:**

**Phone Number:**

**Specialty:**

Please state specifically why you are requesting an appeal of your benefits. Use the back of the form if necessary or attach a letter if additional space is needed.

**Do you have additional medical information to submit that is not attached to the form?** \_\_\_\_\_

**If yes, please submit additional medical information as soon as reasonably possible.**

**Employee Certification:**

I hereby certify that the information provided is complete and accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail completed form in the enclosed envelope to:

AT&T IDSC Quality Review Unit  
P.O. Box 14626  
Lexington, KY 40512  
Phone - 866-276-2278  
Fax 1-866-856-5065





**AT&T Integrated Disability Service Center**  
As Administered by Sedgwick

**Quality Review Unit  
Appeal Procedures**

1. Decisions of the Administrator (referred to as IDSC) to deny or limit a claim for benefits may be appealed and be subject to review by the Quality Review Unit (QRU).
2. You, or your authorized representative, may appeal the IDSC decision in writing to the QRU.
3. Your written appeal letter must be mailed or faxed to the QRU and must be postmarked within 180 days after you receive the IDSC notice of denial of benefits letter. Mail or fax your appeal to:

AT&T IDSC Quality Review Unit  
PO Box 14626  
Lexington, KY 40512  
Phone – 866-276-2278  
Fax – 866-856-5065

4. Your appeal must be in writing and should state as clearly and specifically as possible any facts and/or reasons why you believe the IDSC decision is incorrect. Since you have only one opportunity to appeal the denial of benefits, you should also include any new or additional medical evidence or materials in support of your appeal which you wish the QRU to consider. Such medical evidence or materials must be submitted along with your written statement at the time you file your appeal. If you are including medical evidence in your appeal, you or your treatment provider must submit the following:

- A clear outline of your level of functionality
- A description of how your level of functionality impacts your ability to work and perform your daily activities
- A detailed description of the treatment provider's rationale for your level of functionality
- Clinical documentation that supports the treatment provider's rationale

**Mental Health**

- Findings from formal mental status examination including clinical presentation and interaction
- Presenting signs (observations made by the treatment provider during office visits/therapy sessions)
- Dosage of medications if used; response to medications

**Medical Health**

- Findings from physical examinations
- Diagnostic test results (i.e. lab results, x-rays, MRI's, etc.)
- Dosage of medications if used; response to medications

For additional information regarding what information your treatment provider needs to submit to support disability benefits refer to your Benefit Guide.

**IMPORTANT NOTE: A written or verbal notice from you or your authorized representative that you intend to appeal will not be treated as your appeal nor will it stop the 180-day period from running. Your written appeal must be received by the QRU within 180 days from the date you receive the IDSC written denial or you may lose your opportunity to have the QRU review your claim.**



5. You or your authorized representative may examine documents that bear on your claim by making a written request for the documents to the QRU. Such documents could include copies of the plan and/or SPD, medical and other records, and internal rules, guidelines, protocol or other similar criterion relied on in denying your claim.

Requests for copies of the plan and/or SPD should be made in writing to:

AT&T Services, Inc.  
P.O. Box 132160  
Dallas, TX 75313

Requests for copies of medical and other records, and internal rules, guidelines, protocol or other similar criterion relied on in denying your claim should be made in writing to:

AT&T Integrated Disability Service Center  
P.O. Box 14627  
Lexington, KY 40512

If you wish your authorized representative to receive copies of medical documents that pertain to your claim, you must first authorize release of the documents by signing and returning with your written request an authorization for release of medical information. Copies of documents you request to examine will be mailed to you or your authorized representative upon receipt of your written request (and a signed authorization for release of medical information, if applicable.)

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AT&T IDSC  
PO Box 14627  
Lexington, KY 40512

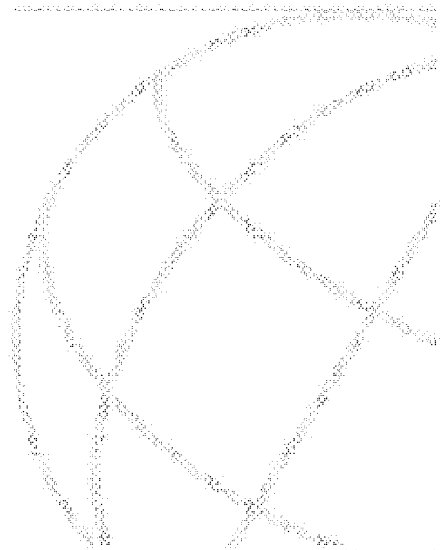
**AT&T Integrated Disability Service Center**  
*As Administered by Sedgwick*

**Phone: 866-276-2278 Fax: 866-224-4627**



CYNTHIA Y. ALLEN  
30 SOUTH MUNN AVE APT 17  
EAST ORANGE, NJ 07018

AT&T Integrated Disability Service Center



7/15/2016 12:00:00 AM

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CONFIDENTIAL

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AT&T IDSC  
PO Box 14627  
Lexington, KY 40512

**AT&T Integrated Disability Service Center**  
*As Administered by Sedgwick*

**Phone: 866-276-2278 Fax: 866-224-4627**



July 15, 2016

CYNTHIA Y. ALLEN  
30 SOUTH MUNN AVE APT 17  
EAST ORANGE, NJ 07018

RE: AT&T Mobility Disability Benefits Program  
Claim Number: B625018632-0001-02

Dear Ms. ALLEN:

Please be advised that after a review of your Short-Term Disability (STD) claim, it has been determined that you do not qualify for STD benefits under the AT&T Mobility Disability Benefits Program; therefore, benefits are denied from May 11, 2016 through June 5, 2016. This determination is based on the following Program provision(s):

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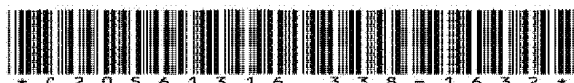
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**DISCONTINUANCE OF BENEFITS UNDER THE PROGRAM**

Although you are otherwise eligible and may have been approved for benefits under the Program, all benefits under the Program will be denied or discontinued on the earliest day that any of the following events occur:

- You fail to provide Medical Evidence or other information reasonably required by the Claims Administrator for purposes of administering your claim.
- You have not established your Disability based on Medical Evidence, as determined by the Claims Administrator

Our determination to deny benefits is based on a review of labs dates May 13, 2016 received on June 15, 2016 and a form completed by Gila Aaron, MD received on June 17, 2016.



\* 0 2 0 5 6 1 3 1 6 - 3 3 8 - 1 6 3 2 \*

The labs from Mount Sinai Roosevelt performed on May 13, 2016 noted that you tested positive for pregnancy with an expected due date of December 5, 2016.

Dr. Aaron indicated that you had weight loss and vomiting. No office visit notes were provided.

Clinical information provided and reviewed does not document a severity of your condition(s) that supports your inability to perform your occupation as a Retail Sales Consultant.

To help clarify your condition and the extent of your functional limitations your file was referred to a Physician Advisor for review. The Physician Advisor attempted to contact Gila Aaron, MD on July 6, 2016, but was unable to speak to the provider because office staff, Amanda, noted there was no release of information on file and terminated the call. Upon review of the available medical evidence, the Physician Advisor determined that the medical evidence provided did not include information that supported any impairment in functionality that would prevent you from performing your occupation.

For your claim to qualify for benefits, AT&T IDSC would need clear medical evidence from your current treating provider(s) of why you are not able to perform the essential duties of your occupation. Your treating provider(s) would need to document your functional impairments as they relate to your diagnosis and provide a treatment plan that addresses plans for your return to work with or without reasonable restrictions with a reasonable duration. This information may be included in the following: chart or progress notes, specialist's evaluations, physical therapy notes, diagnostic test results, operative report (s), or any other clear observable medical information you feel supports your inability to perform your job duties with or without reasonable restrictions.

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If you wish to appeal this determination, you or your authorized representative may do so by submitting a written request for review of your denied claim within 180 days after your receipt of this letter. When requesting the review of the claim denial, please state the reason(s) you believe your claim was improperly denied. You may also submit medical or vocational information, and any facts, data, questions or comments you deem appropriate for us to give your appeal proper consideration. Please ensure that your appeal request is physically signed and dated.

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Enclosed is a copy of the appeal procedure and the appeal form. In your appeal, please state the reason(s) you believe your claim should not be denied. Your appeal and supporting documentation should be submitted to:



AT&T IDSC Quality Review Unit  
P.O. Box 14626  
Lexington, KY 40512  
Fax: 1-866-856-5065

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Sincerely,

Valerie Latham  
Disability Specialist  
AT&T Integrated Disability Service Center



<b>AT&amp;T IDSC Quality Review Unit Appeal Form</b>
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To appeal the denial of your benefits, please complete this form and return it in the enclosed self addressed envelope within 180 days from your receipt of your original denial letter. If your appeal is not received within 180 days from your receipt of your original denial letter the original denial will be upheld.

**Please attach all pertinent medical information**

<b>Claim Number:</b> B625018632-0001-02		
<b>Last Name:</b> ALLEN	<b>First Name:</b> CYNTHIA	<b>Middle Initial:</b> Y
<b>Street Address</b> 30 SOUTH MUNN AVE APT 17		
<b>City:</b> EAST ORANGE	<b>State:</b> NJ	<b>Zip:</b> 07018
<b>Home Phone:</b>		<b>Work Phone:</b>

Please provide name and phone number of treating physician(s)

<b>Provider Name:</b>	<b>Phone Number</b>
<b>Address:</b>	<b>Specialty:</b>
<b>Provider Name:</b>	<b>Phone Number:</b>
<b>Address:</b>	<b>Specialty:</b>
<b>Provider Name:</b>	<b>Phone Number:</b>
<b>Address:</b>	<b>Specialty:</b>

Please state specifically why you are requesting an appeal of your benefits. Use the back of the form if necessary or attach a letter if additional space is needed.


**Do you have additional medical information to submit that is not attached to the form?** \_\_\_\_\_

**If yes, please submit additional medical information as soon as reasonably possible.**

<b>Employee Certification:</b>	
I hereby certify that the information provided is complete and accurate to the best of my knowledge.	
<b>Employee Signature:</b> _____	<b>Date:</b> _____

Please mail completed form in the enclosed envelope to:

AT&T IDSC Quality Review Unit  
P.O. Box 14626  
Lexington, KY 40512  
Phone - 866-276-2278  
Fax 1-866-856-5065



**AT&T Integrated Disability Service Center**  
As Administered by Sedgwick

**Quality Review Unit  
Appeal Procedures**

1. Decisions of the Administrator (referred to as IDSC) to deny or limit a claim for benefits may be appealed and be subject to review by the Quality Review Unit (QRU).
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PO Box 14626  
Lexington, KY 40512  
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- Presenting signs (observations made by the treatment provider during office visits/therapy sessions)
- Dosage of medications if used; response to medications

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- Diagnostic test results (i.e. lab results, x-rays, MRI's, etc.)
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Requests for copies of the plan and/or SPD should be made in writing to:

AT&T Services, Inc.  
P.O. Box 132160  
Dallas, TX 75313

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Lexington, KY 40512

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**From:** 250@SedgwickCMS.com  
**Sent:** 07/14/2016 08:11:09.560  
**To:** ma5101@att.com  
**Subject:** IDSC Disability RTW Notice - Claim # B625018632-0001-02 / CYNTHIA Y. ALLEN

**AT&T Integrated Disability Service Center (IDSC)  
Sedgwick Claims Management Services, Inc.  
Phone: 1 866 276 2278 Fax: 1 866 299 4151  
Disability RTW Notice**

**ATTENTION: ma5101@att.com Date: 07/14/2016**

You are receiving this notice because you have been identified as a person in need of information regarding the absence of this Employee. Notices are automatically generated and sent to the employee's supervisor as listed in Webphone. If you do not handle disability issues for this employee, please forward to the appropriate person. If Webphone is incorrect, update with the correct supervisory information.

Employee Name: CYNTHIA Y. ALLEN

Employee ID: ch0738

Employee Job Title: RETAIL SALES CONSULTANT [CWA-MOB]

Employee NCS Date: 12/10/2012

First Day Absent: 05/11/2016

First Day of Disability:

IDSC Claim #: B625018632-0001-02

**RETURN TO WORK**

- **Returned to work full time full duty date: 06/06/2016**
- Returned to work restricted date:

**Action Required:**

- Report any corrections to data in this email to the AT&T IDSC at 1-866-276-2278.

**CLAIM STATUS**

- Disability Benefits Approved from through .
- Disability Benefits Denied (if appropriate) 05/11/2016 through 06/05/2016
- Maximum potential short term disability benefits under the plan: **06/05/2016**

**Other Important Information:**

- **Disability Resources**
  - [AT&T Disability Status Website](#)
  - [AT&T OneStop](#)
  - [viaOne Express: onestop.web.att.com](#)
  - Questions regarding return to work processes and supervisory responsibility may be directed to your [Employee Relations Manager \(ERM\)](#)
- **Time Reporting** – For additional information on disability time reporting visit: [Time Reporting Website](#). It is important that you verify your employee's time reporting once you receive this notice to ensure pay accuracy.
- **FMLA and/or state family and medical leave** will run concurrently with an approved disability, if the employee is eligible and entitled to FMLA and/or state family and medical leave. For additional information regarding FMLA and/or state family and medical leave laws contact HROneStop at 1-888-722-1787.

**RESTRICTED PROPRIETARY INFORMATION**



**From:** 250@SedgwickCMS.com  
**Sent:** 07/14/2016 08:05:25.474  
**To:** ma5101@att.com  
**Subject:** IDSC Disability Denial Notice - Claim #B625018632-0001-02/CYNTHIA Y. ALLEN

**AT&T Integrated Disability Service Center (IDSC)  
 Sedgwick Claims Management Services, Inc.  
 Phone: 1 866 276 2278 Fax: 1 866 299 4151  
 Disability Denial Notice**

**ATTENTION:** ma5101@att.com      **Date:** 07/14/2016

You are receiving this notice because you have been identified as a person in need of information regarding the absence of this Employee. Notices are automatically generated and sent to the employee's supervisor as listed in Webphone. If you do not handle disability issues for this employee, please forward to the appropriate person. If Webphone is incorrect, update with the correct supervisory information.

Employee Name: CYNTHIA Y. ALLEN

EmployeeID: ch0738

Employee Job Title: RETAIL SALES CONSULTANT [CWA-MOB]

Employee NCS Date: 12/10/2012

First Day Absent: 05/11/2016

First Day of Disability: 5/11/2016

IDSC Claim #: B625018632-0001-02

**CLAIM STATUS**

**Disability Benefits Denied from 05/11/2016 through 06/05/2016**

<b>Reason for Denial</b>	<input type="checkbox"/>	: Absence did not satisfy 7 day Waiting Period
	<input type="checkbox"/>	: Failure to submit medical information
	<input type="checkbox"/>	: Failure to submit additional medical information for review
	<input checked="" type="checkbox"/>	: Medical information submitted was not sufficient to support the claim for disability benefits based on the provisions of the Plan
	<input type="checkbox"/>	: Employee not eligible for benefits
	<input type="checkbox"/>	: Performing activities that are inconsistent with his/her disability
	<input type="checkbox"/>	: Traveling without permission
	<input type="checkbox"/>	: Other:

WC Approval still in effect: ☐ Yes      ☐ No      ☒ N/A

• Date claimant contacted regarding the disability benefit denial: \_\_\_\_7/14/2016\_\_\_\_

**The plan provides an employee one-hundred and eighty (180) days to appeal the disability benefit denial determination.**

- Estimated appeal expiration date: 1/11/2017

**Action Required:**

- Report/confirm the Employee's return to work (restricted and full duty) to the AT&T Integrated Disability Service Center at 1-866-276-2278.
- Report any corrections to data in this email to the AT&T Integrated Disability Service Center at 1-866-276-2278.

**PAY STATUS**

- **Full Pay:** Full Pay: N/A
- **Partial Pay:** Partial Pay: N/A
- **Percentage of Partial Pay:** No 50% No 60%

**Other Important Information:**

- **Disability Resources**
  - AT&T IDSC: 1-866-276-2278
  - AT&T Disability Status Website
  - **viaOne Express:** onestop.web.att.com
- **Time Reporting** – For additional information on disability time reporting visit: Time Reporting Website. It is important that you verify your employee's time reporting once you receive this notice to ensure pay accuracy.
- **Denied Disability Process** - For additional information in managing an employee's absence in the event that s/he is denied disability the supervisor may refer to the **Denied Disability Process** which is located in the section of 'Building and Managing' of AT&T One Stop under *Your Team Matters* (<http://ebiz.sbc.com/hronestop/index.cfm?fuseaction=Display&type=ManageTeam>). It is recommended that you consult with Human Resources, Labor Relations, and Legal prior to making employment decisions for an employee who has been denied disability benefits.

**RESTRICTED PROPRIETARY INFORMATION**

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

TIME RECEIVED  
July 11, 2016 2:53:26 PM EDTREMOTE CSID  
yyyyDURATION  
154PAGES  
4STATUS  
Received

2016/07/11 14:50:45 1 /4

**FAX**  
TRANSMISSION

To: 918662244627

14:47:32

From: Regina Morris

Subject: NMR Final Report CYNTHIA ALLEN

**Message:**

Message: Final Report for: B625018632-0001-02

**NMR**  
Network Medical Review Co. Ltd.

"An ExamWorks Company"

Network Medical Review

4960 E. State St., Rockford, IL 61108

Tel: 815-964-6334

Email: [info@nmrcs.com](mailto:info@nmrcs.com)Website: <http://www.nmrcs.com>

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7/11/2016 12:00:00 AM

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